MAXIMUS Federal Services

Case Number:	CM15-0009330		
Date Assigned:	01/27/2015	Date of Injury:	09/12/2013
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28- year old female, who sustained an industrial injury on September 12, 2013. She has reported being hit in the rear by another car while her car was at a stop, which forced her car to hit the car in front of her. The diagnoses have included lumbago, cervicalgia, lumbosacral spondylosis, thoracic spondylosis, cervical disc displacement and cervical spine stenosis. Treatments to date have included pain medications, physical therapy, a home exercise program, and work restrictions, ice/hot therapy and rest. Currently, the IW complains of pain to the left side of the neck, upper back, right-sided low back and buttocks pain. Accompanying symptoms included tingling in her hands. Range of motion was limited in the lumbar spine and cervical spine. On December 23, 2014, the Utilization Review decision non-certified a request for left C3-C4 transforaminal epidural steroid injection and left L3-L4 and L4-L5, with conscious sedation and fluoroscopy noting the documentation did not reflect any evidence of radiculopathy or unequivocal evidence of nerve root compression on imaging. The MTUS, Chronic Pain Medical Treatment Guidelines, the ACOEM Guidelines and the ODG was cited.On January 15, 2015, the injured worker submitted an application for IMR for review of left C3-C4 transforaminal epidural steroid injection and left L3-L4 and L4-L5, with conscious sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left C3-4 transforaminal ESI (epidural steroid injection) left L3-4, L4-5 facet injection, conscious sedation and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections. Decision based on Non-MTUS Citation ODG Guidelines neck and upper back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, the claimant's injury was predominantly cervical and exam findings do not support need for a lumbar epidural injection. The request, therefore, for a lumbar epidural steroid injection is not medically necessary.